

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 582548

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		Canceled			
2		1				
3		1				
4		2				
5		①				
6		①				
7		①				
8		①				
9		1				
10		①				
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12		①				
13		1				
14		①				
15		1				
16		①				
17		①				
18		①				
19		1				
20		1				
21		①				
22		1	Canceled			
23						
24				1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			23			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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